



Response Under 37 CFR § 1.116
Expedited Procedure - Group 2624

00862.021823.

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: K. Poon
HIROTAKE SHIYAMA)	
	:	Group Art Unit: 2624
Application No.: 09/503,481)	
	:	
Filed: February 14, 2000)	
	:	
For: DYNAMIC IMAGE DIGEST)	
AUTOMATIC EDITING	:	
SYSTEM AND DYNAMIC)	
IMAGE DIGEST	:	
AUTOMATIC EDITING)	
METHOD	:	March 22, 2006

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL REJECTION

Sir:

In response to the Office Action dated February 22, 2006, please amend the
above-identified application, as follows:



AF
J.P.W.

Response Under 37 CFR § 1.116
Expedited Procedure - Group 2624

In re Application of:

HIROTAKA SHIYAMA

Application No.: 09/503,481

Filed: February 14, 2000

For: DYNAMIC IMAGE DIGEST AUTOMATIC
EDITING SYSTEM AND DYNAMIC IMAGE
DIGEST AUTOMATIC EDITING METHOD

Docket No.

00862.021823.

Examiner: K. Poon

Group Art Unit: 2624

Date: March 22, 2006

Mail Stop AF
THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment After Final Rejection in the above-identified application.

☒ No additional fee is required.

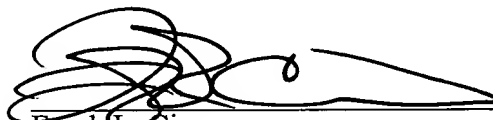
The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 18	MINUS	** 115	= 0	x \$25 \$50	0
INDEP. CLAIMS	* 4	MINUS	*** 9	= 0	x \$100 \$200	0
Fee for Multiple Dependent claims \$180°/\$360						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						-0-

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Costa Mesa, CA office at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Frank L. Cire
Attorney for Applicant
Registration No. 42,419

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3800
Facsimile: (212) 218-2200

Form #120

CA_MAIN 111197v1